

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

HOWE FOR CONGRESS

ADDRESS (number and street)
▼

BOX 172

Check if different
than previously
reported. (ACC)

RED WING

MN

55066

2. FEC IDENTIFICATION NUMBER ▼

C

C00588624

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Datwyler

Signature of Treasurer

Thomas Datwyler

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

HOWE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	58895.00	100626.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	58895.00	100626.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	34542.60	71029.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	34542.60	71029.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	672096.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	642500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 32

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

HOWE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

47200.00

79005.00

(ii) Unitemized.....

3695.00

8121.00

(iii) TOTAL of contributions from individuals ▶

50895.00

87126.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

5000.00

(d) The Candidate.....

8000.00

8500.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

58895.00

100626.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

42500.00

642500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

42500.00

642500.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

101395.00

743126.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 32

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34542.60	71029.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	34542.60	71029.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	605243.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	101395.00
25. SUBTOTAL (add Line 23 and Line 24).....	706638.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34542.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	672096.12

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 32

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial) William Bailey		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 07 / 2016
Mailing Address 18453 Nicklaus Way		Transaction ID : SA11AI.4512
City Eden Prairie	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carpet King	Occupation Owner	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Art Birdseye		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2016
Mailing Address 3118 Salem Point Dr SW		Transaction ID : SA11AI.4506
City Rochester	State MN	Zip Code 55902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) Penny Droogsma		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016
Mailing Address 942 Linda Ave		Transaction ID : SA11AI.4604
City Red Wing	State MN	Zip Code 55066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Homemaker	Occupation Homemaker	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Tim Droogsma

Mailing Address 942 Linda Ave

City

Red Wing

State

MN

Zip Code

55066

FEC ID number of contributing federal political committee.

C

Name of Employer

Twin Bluff Creative

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4602

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Guy Flickinger

Mailing Address 10350 250th St W

City

Lakeville

State

MN

Zip Code

55044

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

David Frauenshuh

Mailing Address 6112 Saxony Rd

City

Minneapolis

State

MN

Zip Code

55436

FEC ID number of contributing federal political committee.

C

Name of Employer

Frauenshuh Real Estate

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.4608

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ken Hilton			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 1112 Phillips Street			Transaction ID : SA11AI.4593	
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00	
Redwing	MN	55066	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer Red Wing Software		Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00		
B. Full Name (Last, First, Middle Initial) Jim Howe			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 301 16th Ave SE			Transaction ID : SA11AI.4598	
City	State	Zip Code	Amount of Each Receipt this Period _____ 2700.00	
St. Cloud	MN	56304	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2700.00		
C. Full Name (Last, First, Middle Initial) Lisa M Howe			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 2345 S Oak Drive			Transaction ID : SA11AI.4596	
City	State	Zip Code	Amount of Each Receipt this Period _____ 2700.00	
Red Wing	MN	55066	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer US Bank		Occupation Home Mortgage Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2700.00		
SUBTOTAL of Receipts This Page (optional).....			_____ 5650.00	
TOTAL This Period (last page this line number only).....			_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Lisa M Howe		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 2345 S Oak Drive		Transaction ID : SA11AI.4597	
City Red Wing	State MN	Zip Code 55066	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer US Bank	Occupation Home Mortgage Consultant		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
B. Full Name (Last, First, Middle Initial) Wendy Howe		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 301 16th Ave SE		Transaction ID : SA11AI.4600	
City St. Cloud	State MN	Zip Code 56304	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
C. Full Name (Last, First, Middle Initial) Orville Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2016	
Mailing Address 1085 Neva Ct		Transaction ID : SA11AI.4510	
City Stillwater	State MN	Zip Code 55082	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....		5650.00	
TOTAL This Period (last page this line number only).....			

×	11a		11b		11c		11d		
	12		13a		13b		14		15

NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 32

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Doug McMillian

Mailing Address 272 Salishan Dr

City State Zip Code
Hudson WI 54016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McMillian Electric Owner

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 26 2016

Transaction ID : SA11AI.4501

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Joel Moryn

Mailing Address 1387 Hunters Ridge

City State Zip Code
Lino Lakes MN 55038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 15 2016

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period

2700.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Shelly Moryn

Mailing Address 1387 Hunters Ridge

City State Zip Code
Lino Lakes MN 55038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 15 2016

Transaction ID : SA11AI.4481

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

David Murphy

Mailing Address 4701 Annaway Drive

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2016

Transaction ID : SA11AI.4504

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Donald Oren

Mailing Address 3105 Sandy Hook Drive

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dart Transit Company

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Jacqueline Peterson

Mailing Address 22865 Hunters Ridge Rd

City

Lakeville

State

MN

Zip Code

55044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

Transaction ID : SA11AI.4485

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 32

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Keith Peterson

Mailing Address 22865 Hunters Ridge Rd

City Lakeville State MN Zip Code 55044

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 08 / 2016

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period

2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Beckie Plaas

Mailing Address PO Box 11

City Red Wing State MN Zip Code 55066

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2016

Transaction ID : SA11AI.4590

Amount of Each Receipt this Period

2700.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Frederick Plaas

Mailing Address PO Box 11

City Red Wing State MN Zip Code 55066

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2016

Transaction ID : SA11AI.4588

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 32

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Alan Quarnstrom			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 6311 Westwood Hills Drive			Transaction ID : SA11AI.4630	
City	State	Zip Code	Amount of Each Receipt this Period _____ 1000.00	
Welch	MN	55089	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		<input type="text"/> C		
Name of Employer Retired		Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00		
B. Full Name (Last, First, Middle Initial) Paul Reding			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 2685 Ridgeview Ct			Transaction ID : SA11AI.4626	
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00	
Red Wing	MN	55066	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		<input type="text"/> C		
Name of Employer Edward Jones		Occupation Financial Advisor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00		
C. Full Name (Last, First, Middle Initial) Margaret Rehder			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 445 8th St			Transaction ID : SA11AI.4592	
City	State	Zip Code	Amount of Each Receipt this Period _____ 100.00	
Red Wing	MN	55066	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		<input type="text"/> C		
Name of Employer Retired		Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 225.00		
SUBTOTAL of Receipts This Page (optional).....			_____ 1350.00	
TOTAL This Period (last page this line number only).....			_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 32

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Richard Schultze

Mailing Address PO Box 46023

City

Eden Prairie

State

MN

Zip Code

55344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2016

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Keith Schwartzwald

Mailing Address 660 Hidden Creek Trail

City

Mendota Heights

State

MN

Zip Code

55118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Redrock Investments

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Doug Seaton

Mailing Address 4306 Sunnyside Rd

City

Edina

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seaton, Beckand Peters

Occupation

Partner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 01 / 2016

Transaction ID : SA11AI.4576

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 32

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael Sill

Mailing Address 3660 Northome Rd

City State Zip Code
Wayzata MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 27 2016

Transaction ID : SA11AI.4489

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Donald Stechmann

Mailing Address 2579 Deer Path Trail

City State Zip Code
Red Wing MN 55066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 29 2016

Transaction ID : SA11AI.4514

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Jon Theobald

Mailing Address 157 Stonebridge Rd

City State Zip Code
St. Paul MN 55118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mairs and Power, Inc Owner

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 02 2016

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ted Weyerhaeuser

Mailing Address 610 Wentworth Av

City

St. Paul

State

MN

Zip Code

55118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		04		2016

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Harold Wiens

Mailing Address 8565 136th St N

City

Hugo

State

MN

Zip Code

55039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		27		2016

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Michael Wilson

Mailing Address Box 162

City

Red Wing

State

MN

Zip Code

55066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilson Oil Company

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4629

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Lawrence Zielke

Mailing Address 6082 150th St SE

City

Prior Lake

State

MN

Zip Code

55372

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : SA11Al.4493

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

47200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 32

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN STERLING HOWE

Mailing Address **BOX 172**

City **RED WING** State **MN** Zip Code **55066**

FEC ID number of contributing federal political committee. **C H6MN02164**

Name of Employer **Howe Properties, LLC** Occupation **Owner**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
601000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		04		2016

Transaction ID : SA11D.4429

Amount of Each Receipt this Period

500.00
☐ Memo Item
 Candidate Contribution

B. Full Name (Last, First, Middle Initial)
JOHN STERLING HOWE

Mailing Address **BOX 172**

City **RED WING** State **MN** Zip Code **55066**

FEC ID number of contributing federal political committee. **C H6MN02164**

Name of Employer **Howe Properties, LLC** Occupation **Owner**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
651000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11D.4610

Amount of Each Receipt this Period

7500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**8000.00****8000.00**

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 32

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
HOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JOHN STERLING HOWE			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">03 / 31 / 2016</div> </div>	
Mailing Address BOX 172			Transaction ID : SA13A.4574	
<div style="display: flex; justify-content: space-between;"> <div>City RED WING</div> <div>State MN</div> <div>Zip Code 55066</div> </div>				
FEC ID number of contributing federal political committee. C H6MN02164			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">42500.00</div>	
<div style="display: flex;"> <div style="flex: 1;"> Name of Employer Howe Properties, LLC </div> <div style="flex: 1;"> Occupation Owner </div> </div>				
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Memo Item Candidate Loan	
Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">643500.00</div>				

B. Full Name (Last, First, Middle Initial)			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	
Mailing Address			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<div style="display: flex; justify-content: space-between;"> <div>City</div> <div>State</div> <div>Zip Code</div> </div>				
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
<div style="display: flex;"> <div style="flex: 1;"> Name of Employer </div> <div style="flex: 1;"> Occupation </div> </div>				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Election Cycle-to-Date				

C. Full Name (Last, First, Middle Initial)			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	
Mailing Address			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<div style="display: flex; justify-content: space-between;"> <div>City</div> <div>State</div> <div>Zip Code</div> </div>				
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
<div style="display: flex;"> <div style="flex: 1;"> Name of Employer </div> <div style="flex: 1;"> Occupation </div> </div>				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Election Cycle-to-Date				

SUBTOTAL of Receipts This Page (optional)		42500.00
TOTAL This Period (last page this line number only)		42500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Capitol Communications

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement
Consulting Management

001

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2016

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Transaction ID : SB17.4414

B. Capitol Communications

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement
Management Consulting

001

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2016

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Transaction ID : SB17.4435

c. Capitol Communications

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement
Management Consulting

001

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2016

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Transaction ID : SB17.4445

SUBTOTAL of Disbursements This Page (optional).....

15000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Church Offset Printing

Mailing Address 1731 Margaretha Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2016

City	State	Zip Code
Albert Lea	MN	56007

Amount of Each Disbursement this Period

Purpose of Disbursement

001

1714.17

☐ Memo Item

Transaction ID : SB17.4415

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Full Name (Last, First, Middle Initial)

B. Church Offset Printing

Mailing Address 1731 Margaretha Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2016

City	State	Zip Code
Albert Lea	MN	56007

Amount of Each Disbursement this Period

Purpose of Disbursement

001

1634.43

☐ Memo Item

Transaction ID : SB17.4416

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1 Hacker Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2016

City	State	Zip Code
Menlo Park	CA	94025

Amount of Each Disbursement this Period

Purpose of Disbursement
Online Advertising

001

25.00

☐ Memo Item

Transaction ID : SB17.4443

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3373.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1 Hacker Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2016

City	State	Zip Code
Menlo Park	CA	94025

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Online Advertising

001

☐ Memo Item

Transaction ID : SB17.4446

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1 Hacker Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2016

City	State	Zip Code
Menlo Park	CA	94025

Amount of Each Disbursement this Period

251.19

Purpose of Disbursement
Online Advertistin

001

☐ Memo Item

Transaction ID : SB17.4454

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

c. Ryan Griffin

Mailing Address 3656 Edgerton Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		15		2016

City	State	Zip Code
Vadnais Heights	MN	55127

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Campaign Consulting

001

☐ Memo Item

Transaction ID : SB17.4474

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2801.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ryan Griffin

Mailing Address 3656 Edgerton Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2016

City	State	Zip Code
Vadnais Heights	MN	55127

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Campaign Consulting

001

☐ Memo Item

Transaction ID : SB17.4472

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

B. Insty Prints

Mailing Address 214 Jackson St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2016

City	State	Zip Code
Red Wing	MN	55066

Amount of Each Disbursement this Period

109.63

Purpose of Disbursement
Business Cards

001

☐ Memo Item

Transaction ID : SB17.4418

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

C. Joe Meyer

Mailing Address 26199 County Road 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2016

City	State	Zip Code
Winona	MN	55987

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Campaign Consulting

001

☐ Memo Item

Transaction ID : SB17.4475

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4109.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 3180 18th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		29		2016

City	State	Zip Code
San Francisco	CA	94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

3.20

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4428

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 3180 18th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2016

City	State	Zip Code
San Francisco	CA	94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

3.20

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4431

Full Name (Last, First, Middle Initial)

c. Stripe

Mailing Address 3180 18th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2016

City	State	Zip Code
San Francisco	CA	94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

1.03

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4432

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7.43

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 3180 18th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2016

City	State	Zip Code
San Francisco	CA	94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

14.80

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4433

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 3180 18th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2016

City	State	Zip Code
San Francisco	CA	94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

14.80

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4434

Full Name (Last, First, Middle Initial)

c. Stripe

Mailing Address 3180 18th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2016

City	State	Zip Code
San Francisco	CA	94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

7.55

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4437

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

37.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 3180 18th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2016

City	State	Zip Code
San Francisco	CA	94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

1.75

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4453

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 3180 18th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2016

City	State	Zip Code
San Francisco	CA	94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

3.20

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4464

Full Name (Last, First, Middle Initial)

c. Stripe

Mailing Address 3180 18th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

City	State	Zip Code
San Francisco	CA	94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

3.20

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4455

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 3180 18th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

City	State	Zip Code
San Francisco	CA	94110

Amount of Each Disbursement this Period

1.75

Purpose of Disbursement
Credit Card Fees

001

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4465

Full Name (Last, First, Middle Initial)

B. Wellspring Group

Mailing Address 7809 Southtown Center

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		11		2016

City	State	Zip Code
Bloomington	MN	55431

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Fundraising Consulting

001

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4413

Full Name (Last, First, Middle Initial)

c. Wellspring Group

Mailing Address 7809 Southtown Center

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2016

City	State	Zip Code
Bloomington	MN	55431

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Fundraising Consulting

001

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Transaction ID : SB17.4436

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6001.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

HOWE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Wellspring Group

Mailing Address 7809 Southtown Center

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2016

City	State	Zip Code
Bloomington	MN	55431

Amount of Each Disbursement this Period

Purpose of Disbursement
Fundraising Consulting

001

3000.00

☐ Memo Item

Candidate Name

HOWE FOR CONGRESSCategory/
Type

Transaction ID : SB17.4438

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

--

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

--

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

34338.91

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 32

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4408

HOWE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN STERLING HOWE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
BOX 172

City

State

ZIP Code

RED WING

MN

55066

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 30 / 2015

Date Due

M M / D D / Y Y Y Y
/ 12/31/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 30 OF 32

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4409

HOWE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN STERLING HOWE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
BOX 172

City

State

ZIP Code

RED WING

MN

55066

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 30 / 2015

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 31 OF 32

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4411

HOWE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN STERLING HOWE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
BOX 172

City

State

ZIP Code

RED WING

MN

55066

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M 12 / D 31 / Y 2015

Date Due

M / D / Y 12/31/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 32 OF 32

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4574

HOWE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN STERLING HOWE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
BOX 172

City

State

ZIP Code

RED WING

MN

55066

Original Amount of Loan

42500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

42500.00

TERMS

Date Incurred

M M / D D / Y Y
03 / 31 / 2016

Date Due

M M / D D / Y Y
/ / 12/31/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

42500.00

TOTALS This Period (last page in this line only)..... ►

642500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.